



WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)  
22076-3

|                    |                             |       |               |
|--------------------|-----------------------------|-------|---------------|
| Application Number | 10/623,145                  | Filed | July 18, 2003 |
| For                | ORAL CARE CHEW PRODUCTS AND |       |               |
| Art Unit           | Examiner                    |       |               |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |          |
|--|------------|-------------------------|----------|
| <input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]  | \$120      | \$60                    | \$ 60    |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]  | \$450      | \$225                   | \$ _____ |
| <input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]  | \$1020     | \$510                   | \$ _____ |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]   | \$1590     | \$795                   | \$ _____ |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]   | \$2160     | \$1080                  | \$ _____ |
| <br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |                         |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |                         |          |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |                         |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |                         |          |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet. |            |                         |          |

WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

I am the  Applicant/inventor.

- Assignee of record of the entire interest. See 37 CFR 3.171.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record. Registration Number: 33,386
- Attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

August 4, 2006

Date

Kenneth A. Gandy

(317) 634-3456

Typed or Printed Name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

- \*Total of \_\_\_\_\_ forms are submitted.

08/09/2006 GWDR001 00000003 10623145

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ATTENDEES PUBLISHED to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$60.00)

| <i>Complete if Known</i> |                    |
|--------------------------|--------------------|
| Application Number       | 10/623,145         |
| Filing Date              | July 18, 2003      |
| First Named Inventor     | STOOKEY, George K. |
| Examiner Name            | SAYALA, Chhaya D.  |
| Art Unit                 | 1761               |
| Attorney Docket No.      | 22076-3            |

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments.                      |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |                |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |                |

**2. EXCESS CLAIM FEES****Fee Description**

|  | Small Entity | Fee (\$) |
|--|--------------|----------|
| Each claim over 20 (including Reissues)            | 50           | 25       |
| Each independent claim over 3 (including Reissues) | 200          | 100      |
| Multiple dependent claims                          | 360          | 180      |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|----------|---------------|
| -20 or HP    | =-20         | x        | =0            | x        | =0            |

HP = highest number of total claims paid for, if greater than 20

| Independent Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------------|--------------|----------|---------------|
| -3 or HP           | =-3          | x        | =0            |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

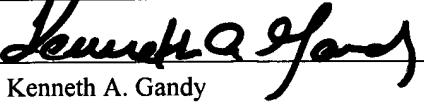
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100         | = /50        | = (round up to a whole number)                   | x        | 0             |

**4. OTHER FEE(S)**

Request 1 month extension of time (small entity)

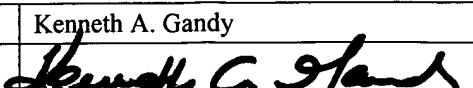
|               |
|---------------|
| Fee Paid (\$) |
| 60.00         |

**SUBMITTED BY**

|                   |   |                                      |        |           |                |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 33,386 | Telephone | (317) 634-3456 |
| Name (Print/Type) | Kenneth A. Gandy  |                                      |        | Date      | August 4, 2006 |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

|                   |   |
|-------------------|---|
| Name (Print/Type) | Kenneth A. Gandy  |
| Signature         |  |

|                |
|----------------|
| Date           |
| August 4, 2006 |